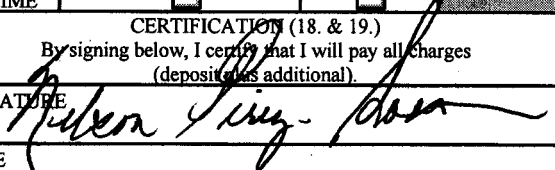


DCN/100743

AO 435 (Rev. 03/08)				Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER							
<i>Please Read Instructions:</i>							
1. NAME AUSA Nelson Perez Sosa		2. PHONE NUMBER (787) 766-5656		3. DATE 6/16/2010			
4. MAILING ADDRESS 350 Carlos Chardón Ave., Torre Chardón 1201		5. CITY San Juan		6. STATE PR		7. ZIP CODE 00918	
8. CASE NUMBER 04-414		9. JUDGE PEREZ GIMENEZ		DATES OF PROCEEDINGS			
				10. FROM 7/6/2007		11. TO 7/6/2007	
12. CASE NAME USA V. ARCE VALENTIN ET AL		LOCATION OF PROCEEDINGS					
		13. CITY SAN JUAN		14. STATE PUERTO RICO			
15. ORDER FOR							
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input checked="" type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input checked="" type="checkbox"/> SENTENCING		7/6/2007					
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposits are additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE 				PROCESSED BY			
19. DATE 6/16/2010				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY JOYCE DEL VALLE				COURT ADDRESS			
ORDER RECEIVED		DATE	BY	DEPOSIT PAID			
DEPOSIT PAID				TOTAL CHARGES		0.00	
TRANSCRIPT ORDERED				LESS DEPOSIT		0.00	
TRANSCRIPT RECEIVED				TOTAL REFUNDED			
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL DUE		0.00	
PARTY RECEIVED TRANSCRIPT							

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY